

INTERAGENCY HELICOPTER OPERATIONS GUIDE
APPENDIX F- Daily Helicopter Operations Briefing/Debriefing Checklist

APPENDIX F: D A I L Y H E L I C O P T E R O P E R A T I O N S
BRIEFING/DEBRIEFING CHECKLIST.¹

- I. Purpose. The purpose of the Daily Helicopter Operations Briefing/Debriefing Checklist is to provide the Helibase Manager with the means to brief all helibase personnel, including pilots. The form also provides for feedback from all helibase operational areas and pilots at the nightly debriefing.
- II. Applicability. The Checklist is required and must be implemented by the second operational period on incident helibases or helispots to which two or more helicopters are assigned. On project helibases with two or more helicopters assigned, the form must be implemented prior to the start of the first day's operations.
- III. Responsibility and Instructions for Completion. The Helibase Manager is responsible for ensuring the form is initially completed, and for completing the checklist on a daily basis thereafter. All personnel assigned to the helibase (including pilots) must review the checklist. It must also be utilized for post-operational debriefings. Pilots must sign or initial the Checklist daily, indicating each has received a briefing.

Appendix G provides the Helibase Crew Member Reference, a reduced summary of the checklist for use as a reference by helibase personnel and pilots attending the briefing and debriefing. This summary is not to be used by the Helibase Manager to conduct the briefing.

The Briefing Section should be covered with all helibase personnel and pilots present (late-arriving pilots must be briefed individually). All pilots must initial the checklist, indicating that they have been briefed.

The Debriefing Section should be covered with all helibase personnel and pilots present (early-departing pilots must be debriefed individually).

The checklist may be used for a seven-day period, after which a new one must be initiated. When the checklist is initiated, enter the appropriate date(s) below each day (eg, enter 6/30 below Day 1, 7/1 below Day 2, etc.).

The blank blocks below each day are for the Helibase Manager to initial, indicating the item has been completed and/or discussed.

The checklist items themselves are self-explanatory. Further guidance on each item is found in the appropriate chapter of the Interagency Helicopter Operations Guide.

¹ At the time of the initial printing of the IHOG, efforts were being made to produce many of the briefing/debriefing items and checklists on large laminated sheets for placement on the helibase display board. Users should check the status of this project and the availability of the sheets.

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Refer to Appendix H, Helibase Manager's Reminders List, which addresses one-time "start-up" items (for example, helibase location considerations).

Any deviation from established procedures must be approved by the appropriate higher level of authority.

- IV. Posting. The current form shall be posted on the helibase display board.
- V. Routing and Filing. After a checklist has been completely used (that is, after seven days), it should be placed in the helibase file for later inclusion in the incident or project file.
- VI. Related Forms. Helibase Management (HBM) forms and Helicopter Management (HCM) forms are not specifically discussed within the checklist. However, many items may be initialed as complete through completion of these forms.

Appendix H, Helibase Manager's Reminders List, may be utilized by the Helibase Manager as a job aid to ensure that daily checklist items have been addressed. The Helibase Manager may incorporate parts of the Reminders List in the briefing or debriefing as appropriate.

The Interagency Aerial Ignition Guide contains Helitorch and Plastic Sphere Dispenser Operations Checklists. They should be used as a supplement, not in lieu of, the Daily Helicopter Operations Briefing/Debriefing Checklist.

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INITIAL DATE:	HELIBASE NAME:	INCIDENT NAME:
INITIAL TIME:		
UNIT (Forest/District/Park/Reservation):	LOCATION: Latitude:	Longitude:
HELIBASE MGR. NAME:	ASGS NAME:	AOBD NAME:
OPS SECTION CHIEF OR PROJECT AVIATION MANAGER NAME (if applicable):		
REMARKS:		
THIS CHECKLIST INITIATED ON: ____/____/____ AND MAY BE USED THROUGH: ____/____/____ (Start Date plus 6 Days)		

INSTRUCTIONS: Enter the date below each DAY (for example, 6/30 below Day 1, 7/1 below Day 2, etc.). All items must be checked and initialed daily. Once a seven-day cycle has been completed, a new Checklist must be initiated. Review all one-time start-up items concerning Helibase Site Selection and Layout contained in the Interagency Helicopter Operations Guide (IHOG), Appendix H, Helibase Manager's Reminders List, Section I. The Helispot Site Selection and Layout in Section II of the Reminders List should also be reviewed.

Sections I-VI of this Checklist are used to brief personnel at the start of the operational period. Address all major operational areas. Copies of Appendix G of the IHOG, Daily Helicopter Operations Checklist - Helibase Crew Reference, should be distributed so that those attending the briefing can reference items being covered.

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Use Section VII, Debriefing, of this Checklist to debrief personnel at the end of the operational period. At the debriefing, the Helibase Manager should address any deficiencies in the day's operations, and identify corrective action to be taken prior to the next day. Pilots in particular should be asked for their evaluation of the day's operations.

CHECKLIST ITEM		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
I. ORGANIZATION AND PERSONNEL								
A.	Helibase Organization Chart completed, reviewed and posted. Trainee assignments made.							
B.	Personnel responsibilities (job descriptions) reviewed. Personnel are aware of their day's assignment.							
C.	Pilot and aircraft cards checked and current for intended mission(s).							
D.	Pilot, Mechanic, and Service Truck Driver duty and flight/driving limitations being recorded.							
E.	Contractor and government personnel properly rested. Days off schedule established and known.							
F.	Appropriate personnel have copy of Incident Action or Project Plan; all Pilots and Helispot Managers have ICS-220, Incident Map, Communications Plan.							
II. COMMUNICATIONS								
A.	Communications Plan available, current, discussed, and posted. Frequencies known to all personnel.							

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CHECKLIST ITEM		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
B.	Flight following and TOLC procedures known and discussed; Communications within helibase, to Incident Command Post or Project Base, and to helispots adequate.							
C.	Adequate number of radios/batteries, telephone lines or cell phones available to cover appropriate helibase positions and helispots. All radios (including aircraft) tested prior to operations.							

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CHECKLIST ITEM		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
III. LANDING AREAS								
A.	Separation between helibase pads is adequate; separate areas established for different types of helicopters and operations.							
B.	Dust abatement available and measures to be taken as necessary; if chemicals to be used, Resource Advisor consulted.							
C.	Helibase approach-departure paths and hover lanes, incident/project flight routes established, entered to Helibase Facilities, Hazards, and Flight Route Map and Incident/Project Map, reviewed, and posted on Display Board.							
D.	Operating procedures established and reviewed for movement of helibase personnel and vehicles. Security procedures established as appropriate.							
E.	All helispots inspected and numbered, hazards identified and reviewed with Managers and Pilots. Load planning summaries for helispots updated, reviewed, and posted.							
IV. SAFETY								
A.	Helibase Emergency Rescue Plan updated, discussed, and posted. Medevac pilots/air crews assigned and aware of assignment.							
B.	Visibility 1/2 mile minimum; weather forecast and contingency plan for adverse weather and inversion (smoke, fog) discussed.							

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CHECKLIST ITEM		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
C.	Use of Personal Protective Equipment for pilots, helibase, and helispot personnel known. Helispot personnel have firefighting tools and overnight gear.							
D.	Military Training Routes/Special-Use Airspace considerations have been discussed with Pilots.							
E.	Temporary Flight Restriction (if applicable) has been checked with ASGS or AOBD and discussed with Pilots.							
IV. SAFETY (Cont.)								
F.	Helibase and on-incident flight hazards (wires, winds, smoke, inversions, other aircraft, etc.) posted on maps and discussed.							
G.	Fire extinguisher requirements met; personnel aware of use.							
H.	Personnel are aware of fueling and bonding procedures.							
I.	Helibase Crash-Rescue Plan known and discussed; evacuation and extrication kits located appropriately and clearly marked.							
J.	Previous day's safety problems discussed and solved.							
V. OPERATIONS								

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CHECKLIST ITEM		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
A.	Incident Action Plan or Project Aviation Plan and ICS-220 Air Operations Summary discussed. Priorities reviewed and established; initial entries have been made to Helibase Mission Request Log. Unscheduled mission request procedures known.							
B.	Previous day's operational problems discussed and solved.							
C.	Helicopter tactics (water dropping) discussed: supervision/control, role of Air Attack and/or Helicopter Coordinator (if assigned) known; location of water points known.							
D.	Load calculations for each aircraft posted and information entered or updated to load capability summaries.							
E.	Deck Coordination procedures discussed and known: passenger briefing, manifesting, cargo, hover hookups, movement of personnel and vehicles around helibase.							
V. OPERATIONS (Cont)								
F.	Transport of hazardous materials discussed; personnel are aware of packaging requirements.							
G.	Commonly requested items (water, rations, hose, pump and saw kits, gas) available at helibase; procedures with Supply Unit reviewed.							
H.	Initial Attack Crew and Aircraft assigned and briefed.							

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CHECKLIST ITEM		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DA Y 7
I.	Special operations (helitorch, plastic sphere dispenser, retardant mixing) plans, procedures, and checklists reviewed as appropriate.							
VI. ADMINISTRATION								
A.	Aircraft Daily Cost reporting requirements to be completed by end of operational period.							
B.	Display Board current with updated copies of required maps, charts, and forms.							
C.	Nightly debriefing time established. All personnel, including pilots, made aware of requirement for constructive feedback and critique. Provision made for debriefing of pilots and helibase personnel going off-shift early.							
ADDITIONAL ITEMS								

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VII. DAILY DEBRIEFING. (Use NOTE SECTION on bottom and reverse to document problems)		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
A	Feedback from Pilots.							
B	Communications/TOLC/Radio Operator Successes/Problems.							
C	Mission scheduling Successes/Problems.							
D	Deck Coordination Successes/Problems.							
E	Helispot Successes/Problems.							
F	Passenger/Cargo manifesting Successes/Problems.							
G	New Hazards identified.							
H	General Helibase Successes/Problems.							
I	Briefing on next day's shift plan; aircrew schedule (available/commence) established.							
J	Individual Helicopter Use/Cost Reports To Be Submitted Immediately And Posted To Helibase Daily Use and Cost Summary.							
K	Equipment rental shift tickets reviewed and approved.							
L	Crew Time Reports To Be Approved and Submitted Immediately To Time Unit Leader or Helibase Manager.							

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<p>VII. DAILY DEBRIEFING.</p> <p>(Use NOTE SECTION on bottom and reverse to document problems)</p>	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<p>A Feedback from Pilots.</p>							
<p>ADDITIONAL ITEMS:</p>							

VIII. PROBLEM/CORRECTIVE ACTION NOTES			
DATE /TIME	ITEM	CORRECTIVE ACTION	DATE/TIME CORRECTED

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VIII. PROBLEM/CORRECTIVE ACTION NOTES			

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VIII. PROBLEM/CORRECTIVE ACTION NOTES (Cont.)			
DATE /TIME	ITEM	CORRECTIVE ACTION	DATE/TIME CORRECTE D

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IX. CERTIFICATION

DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME(S)	INITIAL
DAY 1:						
DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						

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IX. CERTIFICATION (Cont.)

DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME(S)	INITIAL
DAY 2: DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						

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DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME(S) (print)	INITIAL
DAY 3: DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						

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IX. CERTIFICATION (Cont.)

DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME (print)	INITIAL
DAY 4: DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						

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DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME(S)	INITIAL
DAY 5: DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						

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IX. CERTIFICATION (Cont.)

DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME(S)	INITIAL
DAY 6: DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						

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DAY/DATE	FAA #	PILOT NAME(S)	INITIAL	FAA #	PILOT NAME(S)	INITIAL
DAY 7: DATE:						
<p>SIGNATURE OF HELIBASE MANAGER: _____ TIME: _____</p> <p>I certify all Checklist items have been discussed or accomplished. Any deviation has been documented on the attached, and supervisor has approved the deviation. All pilots operating from this helibase have been briefed on Checklist items, as represented by their initials above.</p>						